To the President of the Royal College of Obstetricians & Gynaecologists (RCOG)

Dear Dr Thakar, 2 December 2022

Re: COVID-19 Vaccination in Pregnancy

Many thanks for your response to our appeal dated 31 October 2022. I do appreciate your time to reply with such detail, especially during this very busy period. I am convinced though that this is the single most important issue for you to consider as you take on the RCOG presidency, if you are truly intending to serve those we have been entrusted to care for.

I am not at all reassured by your response, and indeed am deeply disturbed by your concluding paragraph. I have concerned myself with this issue throughout the pandemic and have read and studied many original papers and the data referenced. I recognise the official Government and Public Health narrative in your reply, which has unfortunately not been formulated by a comprehensive and balanced examination of the available evidence but is instead driven by the sole agenda to achieve population-wide vaccine coverage at any cost. "Individual circumstances of each person", which as you rightly say should always be taken into account, have largely been disregarded and replaced with a "one size fits all" approach to medical intervention.

I therefore renew my plea that you to scrutinise all the available data with an open mind, in order to reconsider your own and, most importantly, the current stance of the RCOG which does not just support but propagandise the COVID-19 vaccination program for pregnant women.

Lack of data from randomised controlled trials regarding benefits and safety of COVID-19 vaccines does not just apply to pregnant women. It should be of grave concern to anyone that we have only very limited safety data from the original clinical trials, as they ended prematurely due to unblinding and crossover of participants. Testing in robust and well-designed clinical trials should be an absolute requirement *sine qua non* prior to a mass rollout of any pharmaceutical product. Observational data increasingly confirm that COVID-19 vaccines would never and were never shown to protect against infection or transmission, and any effect appears to be short-lived.

To continue to portray COVID-19 as a looming danger to women of childbearing age and in pregnancy is misleading and not consistent with the facts. Three years into the pandemic, ONS data confirms that well over 95% of all cohorts have been exposed and acquired immunity to the virus. Any risk from exposure to SARS-CoV-2 that vaccines could possibly mitigate, is already significantly reduced, especially with vaccines targeting the original strain. You may also be aware of previous letters by the UK Medical Freedom Alliance (UKMFA) to the RCOG on the issue of risks of COVID-19 to pregnant women and indication for vaccination[i].

Claims of potential associated dangers of COVID-19 infection, such as those you referred to with adverse neurodevelopmental outcomes in infants, are not supported by robust data but are being used as an added incentive for pregnant women to accept vaccination. There is absolutely no reliable scientific basis to support a protective effect of COVID-19 vaccines against any of these risks, and I would urge you to scrutinise any data that claim to do so. It is also highly implausible, that a respiratory virus could affect an unborn fetus without causing severe systemic disease or even without causing any symptoms in the mother at all (as claimed in some cases of SARS-CoV-2 placentitis), and that a vaccine which does not protect against infection could mitigate such effects.

I do take issue with your expression of belief that there is evidence to suggest COVID-19 vaccines reduce the incidence of stillbirths. No belief should be required if evidence is grounded in robust and transparent data. The claim is stated in a paper by Professer Khalil et al., and I implore you to scrutinise

this paper, as the data presented do not actually support this conclusion, widely circulated in the public domain and by the RCOG. Systematic reviews and meta-analyses are only as good as the data they are reviewing and are therefore not necessarily or by definition high-grade evidence. The letter from the UKMFA to Professor Khalil, calling for a retraction of that paper, contains a detailed critique of the paper which you may find of interest[ii].

It must be clearly understood that many of the COVID-19 vaccine adverse effects that continue to be reported are not "unpredicted or unidentified", and they are not "theoretical". Without going into detail here, there have been several colleagues who predicted such issues and / or identified them early but they have been silenced, censored and even vilified. Even patients sharing their experiences of severe disease following vaccination are regularly gaslit and have their voices suppressed. The MHRA publishes a weekly report of their Yellow Card data with staggering numbers of adverse events, but it does not seem to resonate with anyone. In our appeal to the RCOG, we referenced several papers which raised concerns regarding potential adverse effects on the fetus or infant. Carcinogenic and genotoxic effects must be considered, and certainly effects on the immune system of the offspring with potential life-long detrimental consequences are plausible. It will not suffice to claim that this was not foreseen, and the lack of impetus to investigate is a gross dereliction of duty by all involved.

The world in which we trusted the scientific community to do their due diligence at all times has been severely shaken, if not shattered. The egregious deviations from the protocols in the COVID-19 vaccine regulatory trials should never have been permitted. Long-established scientific standards have not been rigorously adhered to, leading to the publication of substandard and fraudulent papers. Among public health bodies, the scientific community and regulators, there is a collective and wilful deafness to the screeching cacophony of serious and numerous safety signals. There is a clear and present danger to the general public and our patients, unless we immediately revert to fundamental ethical and investigative standards, established and practiced for decades. You state that the RCOG continues to monitor the emerging evidence, but this evidence under review is clearly not comprehensive, as it does not appear to include any of the concerns raised or data cited in our appeal.

It is utterly inconceivable that anyone would advocate for pregnant women and their unborn babies to participate in a phase 3 clinical trial of a compound that is based on completely novel, gene-based technology, especially if trials are allowed to be conducted in such a negligent fashion as we have just witnessed, with manufacturers being granted complete immunity from liabilty for any resulting harms. No ethics committee whose members hold true the fundamental principles of research ethics should ever agree to this, and with the memories of thalidomide and diethylstilbestrol still relatively recent, I would have expected the RCOG in particular to stand up for the same principles.

I have always respected you as a person and admired the fantastic work you have done in the field we have a shared interest in. On behalf of all who co-signed the appeal, I trust that you will endeavour to give this serious matter the attention it deserves and look forward to hearing from you.

With all the best wishes for the start of your presidency.

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[i] https://www.ukmedfreedom.org/open-letters/ukmfa-open-letter-to-mhra-royal-college-of-obstetricians-gynaecologists-and-royal-college-of-midwives-re-urgent-call-to-re-evaluate-covid-19-vaccine-advice-for-pregnant-women

[ii] https://www.ukmedfreedom.org/open-letters/open-letter-from-the-uk-medical-freedom-alliance-to-professor-asma-khalil